



Connecticut Association of Optometrists

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Human Services Committee Public Hearing

Testimony of Stephen Polezonis, O.D. on SB 1013

Tuesday March 15, 2011

Members of the committee, I am Dr. Stephen Polezonis, practicing optometrist in New Britain and Bristol for the past 23 years. I am here today on behalf of the Connecticut Association of Optometrists. I would like to make some constructive comments regarding SB1013 with regard to the proposed eyeglass restrictions for our adult Medicaid patients. The proposal limits each recipient to one pair of eyeglasses every 2 years while the current policy limits them to one pair yearly.

I suspect the proposed 2-year limit is based on fairly well recognized commercial plan standards. While many adult Medicaid patients will manage fine with the same pair of eyeglasses for 2 years, I suggest this should not apply to all. We Optometrists provide over 70% of the primary eye care of the adult Medicaid population. We have a keen understanding of their eye care needs given the higher incidence of diabetes, glaucoma, cataracts and mental health disease. A 2-year restriction on eyeglass replacement may, unfortunately, leave many citizens literally in a "fog." Let me give some examples:

- Patients with diabetes under poor control may exhibit marked changes in their acuity necessitating changes in their eyeglasses more often than once every 2 years.
- Patients with very high prescriptions will be rendered functionally legally blind should they lose or break their eyeglasses for any reason.
- Patients in nursing homes lose their eyeglasses often, whether it is due to personal habits or theft. For many of these patients vision is one of their remaining gifts.

- Patients who have eye surgery due to cataracts, corneal disease or trauma may require a significant change in their eyeglass correction.

Can we honestly say to these neighbors: Sorry, you are not eligible to receive another pair of eyeglasses for another year?

As you will recall, when last year's proposed budget suggested a complete cut of Optometric participation in the Medicaid program, we countered with a proposal for reform. Part of that proposal was the current one-year glasses policy. We believe, and our patients will agree, that this is responsible "shared sacrifice." However, a 2-year policy could be devastating for many. Unfortunately, the population we serve is a much more medically fragile population, on average, yet many don't seek the care they need unless they have a reason...that reason in the eye care community is a need for glasses. It's amazing the number of "routine" exams for glasses that end up being diabetics with eye disease, glaucoma, macular degeneration, cataract or any number of other sight threatening conditions that would have gone untreated, or had delayed treatment, had they not come in for "their glasses prescription".

If the 2-year limit stands, we propose a well thought out plan for those patients that have a need for change prior to eligibility. Many of our current Medicaid benefits require prior authorization. Let's develop a mechanism for providers to request eyeglasses for patients with medical necessity. As the Connecticut Association of Optometrists has done in the past we are available to work with DSS to design such a system. We are willing to continue to help alleviate our state's fiscal crisis but let's make sure our disadvantaged neighbors are not overburdened. Thank you for your consideration and efforts.

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